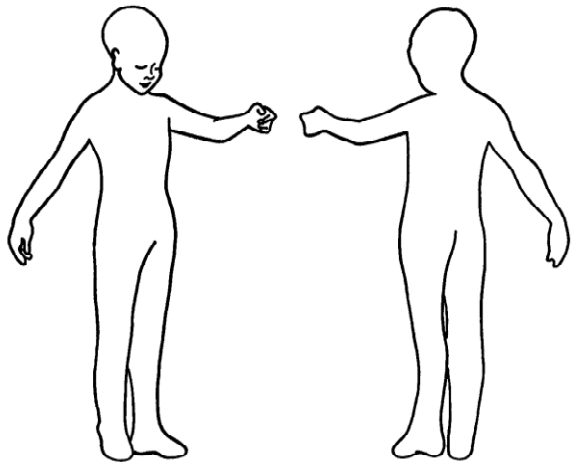
Child Care Injury/Incident Report

Provider's Name(s)		
Name of Child	Date of Incident	Time of Incident ☐ A.M. ☐ P.M.
Describe circumstances of injury/incident		
Location of Injury/Incident		
Play Equipment or other Items Involved		
First Aid Given	Other Treatment Given	

	YES	NO	
Were there witnesses?	☐	☐	If yes, give name: _____
Was physician contacted?	☐	☐	If yes, give name: _____ AND Time of contact: _____
Was parent contacted?	☐	☐	If yes, give time: _____
Was licensor contacted?	☐	☐	If yes, give time: _____
Any other contacts?	☐	☐	If yes, give name: _____ AND Time of contact: _____

Mark and describe area of injury:



Parent/Guardian Comments			
Parent/Guardian Signature	Date	Provider Signature	Date

COPIES TO: Parent; Licensor; Provider